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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA, 22313-1450 on October 8, 2004

Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara

(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION
Attorney Docket No. SUN-P3900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF

Shailender Chaudhry, et al.

Serial No. 09/761,217

Filing Date: January 16, 2001

Title: FACILITATING VALUE PREDICTION TO
SUPPORT SPECULATIVE PROGRAM
EXECUTION

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AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment

Assistant Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- Response under 37 C.F.R. § 1.111 to official action mailed September 22, 2004.
- A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- Terminal disclaimer under 37 C.F.R. § 1.321(c), including
 - check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - 2 certificates under 37 C.F.R. § 3.73(b).
- Information disclosure statement, form 1449 and ___ references.
- No additional claims fees are required.

[] An additional fee is required, and is calculated as shown below:

| AMENDED CLAIMS | | | | | |
|--|---------------|---|--------------|----------|---------------|
| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADDTL FEE |
| Total Claims | | MINUS = 20 | 0 | x \$18 = | |
| Independent Claims | | MINUS = 3 | 0 | x \$78 = | |
| If Amendment adds multiple dependent claims, add \$260.00 | | | | | |
| Total Amendment Fee | | | | | |
| If small entity status is claimed, subtract 50% of Total Amendment Fee | | | | | |
| TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT | | | | | \$0.00 |

[] A check in the amount of \$____ is enclosed.
[] Charge \$____ to Deposit Account No. ____ (Docket No. ____).
[x] Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P3900).

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Respectfully submitted,

By


A. Richard Park
Registration No. 41,241

Date: October 8, 2004



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A. Richard Park

(Typed or Printed Name of Person Mailing Paper or Fee)



(Signature of Person Mailing Paper or Fee)

Application Number : 09/761,217 Confirmation Number: 4812

Applicant : Shailender Chaudhry et al.

Filed : January 16, 2001

TC/A.U. : 2183

Examiner : O'Brien, Barry J.

Docket Number : SUN-P3900-SPL

Customer No. : 22,835

M/S: Non-Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the advisory action of **September 22, 2004**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.